

10/56325

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2		1					52	
3							53	
4							54	
5		2					55	
6	1		1				56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11	1		1				61	
12		1					62	
13		1					63	
14		1					64	
15		1					65	
16		3					66	
17		3	1				67	
18		3					68	
19		3					69	
20		5					70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	4	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	17	←		←	TOTAL DEP.	←
TOTAL CLAIMS			21				TOTAL CLAIMS	